37 Ferry Lane | Milton, PA 17847 | 570-742-3903 | pinpointfcu.org

Employer Partner Request Form

Request eligibility for your employee group. No partnership fee or obligation for employees to join. Complete all starred fields, save the PDF, and return it from your work email.

1 Employer and employee group

Employer legal name *

Trade name or division

Employees covered by request (all employees or specify sites or division) *

Total current employees in requested group *

Employee count as of (date) *

Worksite address including city, state and ZIP *

Employees at this site *

Additional sites or remote employees: attach locations and current employee counts. Include the nearest qualifying facility and distance for each location, with Pinpoint's help as needed.

Attachments included (enter none if not applicable) *

2 Nearest qualifying service facility

Pinpoint can help complete this section. Use a Pinpoint location or qualifying shared branch.

Facility name and full address *

Approximate distance from worksite (miles) *

Measurement method (driving or straight line) *

3 Request and authorization

On behalf of the employee group above and in the listed attachments, we request inclusion in Pinpoint Federal Credit Union's field of membership so employees may choose to apply for membership and receive services.

☐ I confirm that I am authorized to make this request on behalf of the employer and employee group, and that the information is accurate to the best of my knowledge.

Authorized representative name *

Title and basis of authority *

Work email *

Phone *

Request date *

Save and return from your work email to your Pinpoint contact. For return instructions, call 570-742-3903. This form does not submit itself. Pinpoint will verify authority and follow up if additional documentation is needed. No fees or activity schedule are committed by this request. This is supporting employer documentation, not an NCUA application or approval.